

FILED FEB 14 1951

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Rural St, Marys Township	
c. LENGTH OF STAY (in this place) 4 Weeks		d. STREET ADDRESS (If rural, give location) Perryville, R. 4.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Frances c. (Last) Heilig		4. DATE OF DEATH (Month) (Day) (Year) February 7, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 22, 1891
9. AGE (In years last birthday) 60		10. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Elco, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Wm. S. Davis	13b. MOTHER'S MAIDEN NAME Nora Simms	14. NAME OF HUSBAND OR WIFE Otto E. Heilig
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Otto E. Heilig, Perryville, Mo. R. 4.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9-14-50 5-18-50 157X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tumor of pancreas with abscess		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pancreatitis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 9-14-50	19b. MAJOR FINDINGS OF OPERATION Tumor of pancreas - Biopsy showed chronic Pancreatitis	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 14, 1950**, to **Feb. 7, 1951**, that I last saw the deceased alive on **Feb 7, 1951**, and that death occurred at **12:55 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE R. S. Ritter	(Degree or title) M.D.	23b. ADDRESS Cape Girardeau Mo	23c. DATE SIGNED 2-8-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 9, 1951	24c. NAME OF CEMETERY OR CREMATORY Simms Cemetery	24d. LOCATION (City, town, or county) (State) Elco, Illinois

DATE REC'D BY LOCAL REG. 2-8-1951	REGISTRAR'S SIGNATURE C. C. Summers	44	25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey, Perryville, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 7 1951

FEB 22 1951

MAR 22 1951

RECEIVED

FEB 12 1951

DISTRICT HEALTH OFFICE No. 6

Title No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.

Signed

Albert Bey

Signed.....
Student Embalmer

Licensed Embalmer No. *3866*

P. O. Address *Ferryville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.